



Department of Fire Services Commonwealth of Massachusetts

Application for License to Sell Explosives (FP-078)

CIRCLE ONE: **NEW** **RENEWAL** **LS#** _____

I. APPLICATION INSTRUCTIONS

Follow the instructions below to complete the Application for a License to Sell Explosives:

- ☐ Type or print in black ink all items on this form and sign the form in Section V;
- ☐ Include payment of \$1000.00 for a **NEW** license made payable to the Commonwealth of Massachusetts. There is a returned check charge of \$15.00 assessed under the provisions of 801 CMR 4.08.
- ☐ Include payment of \$250.00 for a **RENEWAL** license made payable to the Commonwealth of Massachusetts. There is a returned check charge of \$15.00 assessed under the provisions of 801CMR 4.08.
- ☐ This application must be filled out by the owner or a principle of the company.
- ☐ Include a legible copy of your current driver's license.
- ☐ Complete both pages of the CORI Request Form. This must be notarized.
- ☐ Include a copy of your valid ATF License/Permit.

All applications must be submitted to the Division of Fire Safety at least 30 days prior to expiration. Incomplete applications will be returned. Any delay in the issuance of a license or permit, due to an incomplete filing, will be the sole responsibility of the applicant.

II. APPLICANT INFORMATION

Name of Firm/Corporation making application: _____

Federal Employer Identification Number (FEIN): _____

Street Address: _____ Phone Number: _____

Mailing Address (if different): _____
P. O. Box,/Street

City/Town, State, Zip: _____

Name of Applicant: _____ Date of Birth: _____
(Last) (First) (Middle) (Month) (Day) (Year)

Email Address: _____
(All renewal notices are sent electronically, not by regular mail)

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Sex: _____

Position Held: _____ How Long Employed at This Position: _____

How many continuous years have you been associated with the explosives industry? _____

Mail completed application to: Department of Fire Services • Attn: Licensing Desk

Department of Fire Services • P.O. Box 1025, 1 State Road, Stow, MA 01775

978-567-3375 • www.mass.gov/dfs

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III. LICENSE TO SELL EXPLOSIVES

(Repeat) Name of Firm/Corporation making application: _____

My current (if renewal) Massachusetts License to Sell Explosives number is: _____ Expires on: _____

My current Massachusetts Explosives User's Certificate number is: _____ Expires on: _____

In accordance with Title 18, United States Code, Chapter 40, I possess a valid Federal Explosive Importer, Manufacturer or Dealer License. { } YES { } NO

My Federal Importer, Manufacturer or Dealer License Number is: _____

In accordance with Title 18, United States Code, Chapter 40, I possess a valid Federal Explosive User Permit { } YES { } NO

My Federal Explosive User Permit Number is: _____

If explosives are stored in Massachusetts, what is/are your Explosives Storage Magazine Permit number(s)

IV. GENERAL

Have you ever been convicted in any state or federal court of a crime punishable by imprisonment for a term exceeding one year? (Whether or not you actually served time) { } YES { } NO

Have you ever been admitted to any hospital or institution for mental illness? { } YES { } NO

Have you ever been convicted in any state or federal jurisdiction of any controlled substance law? { } YES { } NO

Have you ever been ordered by a court to receive treatment for drug or alcohol abuse? { } YES { } NO

Have you ever had a license, permit or right to use explosives suspended or revoked in any state or federal jurisdiction? { } YES { } NO

Are you currently taking any medication which may impair your ability to safely conduct a licensed activity? { } YES { } NO

Have you ever been involved in any incident(s) resulting from the use of explosives which resulted in personal injury or property damage?

All questions must be answered.

Any question answered "Yes" must be explained on an attached sheet of paper.

V. APPLICANT CERTIFICATION

I attest that I have reviewed and am familiar with all Commonwealth of Massachusetts Explosives Laws and Regulations, and all federal laws and regulations relative to the transportation, possession and use of explosive materials, including but not limited to 18 U.S.C. 40, and 27 C.F.R. 555, as amended. I hereby consent to the release of all personal records containing data relative to this application, maintained by any individual or agency. I certify that I am authorized to execute this application.

PURSUANT TO MASSACHUSETTS GENERAL LAWS, CHAPTER 62C, SECTION 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

I declare under the penalty of perjury that the statements and information provided herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment.

Signature: _____ Date: _____

CORI REQUEST FORM

The Department of Fire Services, Office of the State Fire Marshal (Agency # 820), has been certified by the Criminal History Systems Board for access to general use/CJIS records:

Applicant/Employee Information (Please Print)

_____ Last Name	_____ First Name	_____ Middle Name
_____ Maiden Name or Alias (if applicable)		_____ Place of Birth
_____ Date of Birth	_____ Social Security Number (requested but not required)	_____ Mother's Maiden Name

Former Residential Addresses:

Sex: _____ Height: _____ ft. _____ in. Weight: _____ Eye Color: _____

Drivers License: State _____ Number: _____

Applicant Signature: _____

Statement of Notary Public:

The above information was verified by reviewing the following form of government issued photographic identification:

_____ ss: Date: _____

Before me, then personally appeared the above named Affiant, _____
who acknowledged, by his signature, the foregoing Affidavit and Endorsement to be true and to be the
Affiant's free act and deed.

(Seal)

Notary Signature: _____

Notary Name (printed): _____

Commission Expiration Date: _____

Requested By: _____

Signature of CORI Authorized Employee
(MA State Police-Assigned)